# Nebraska Department of Health and Human Services
# Early Head Start Infant/Toddler Quality Initiative

## EVALUATION REPORT FFY2005

By:
Pauline Davey Zeece, PhD
Beatrice Harris, PhD

Smart Start NE, Inc
PO Box 6805
Lincoln, NE 68506
SmartStartNE@msn.com

# EXECUTIVE SUMMARY

## *"What is the Early Head Start Infant/Toddler Quality Initiative?"*

The overall purpose of the Early Head Start Infant/Toddler Quality Initiative (I/TQI) continues to focus on the improvement of the quality of infant and toddler care in Nebraska. The initiative is funded exclusively with Child Care and Development Funds (CCDF) from a portion of the federal Child Care and Development Block Grant Funds earmarked specifically for improvement of infant and toddler child care, authorized by the Administration for Children and Families (ACF), and administered by the Nebraska Department of Health and Human Services (NHHS).

The key component of the I/TQI rests in the partnerships established between Early Head Start (EHS) programs and their community child care partners.

Through these partnerships, EHS Grantees:

- provide professional development opportunities and other support to family child care and center-based partners;
- assist in training and mentoring for their child care partners on infant and toddler issues and development; and
- observe and report the best outcomes, greatest challenges for child care partners who participated in the initiative, and measures of quality within the child care partners' child caring environments.

## *"Why is the Infant/Toddler Quality Initiative important to the children, families, and communities of Nebraska?"*

Impoverished or inadequate care during the first years of life can have devastating, long term consequences for children, families, and society. Teicher (2000) reminds those who work with young children that "our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife, but at the cost of deep, enduring wounds" (p.67). Conversely, enriched environments and quality care can promote optimal development.

Vandell and Wolfe (2005) suggest that child care quality matters at several levels. In their day-to-day lives, children appear happier and more cognitively engaged in quality programs. Children who attend higher-quality child care settings (measured by caregiver behaviors, physical facilities, age-appropriate activities, structural and caregiver characteristics) display better cognitive, language, and social competence on standardized tests (See http://www.aspe.hhs.gov/hsp/ccquality00/ccqual.htm#outcomes report).

Limited-resource families have historically been challenged to secure quality child care for their very young children. As welfare reform and economy hardship press increasing numbers of low income parents into the work force and job training, child care continues to represent a growing challenge for EHS families. Part of the EHS mandate requires an assurance that children in community child care receive care that meets the high level or quality set in the Performance Standards. In a recent representative study of 17 program sites, Thornburg et al. (2005) reported that 32% of EHS families used community child care. Thus, the establishment and strengthening of EHS community child care partnerships make sense.

*"I have totally changed my day care. I am now giving quality day care. Thank you."*

*—Child Care Partner*

## *"Who were the participants?"*

As in the previous year, eligible participants were seven Nebraska EHS programs currently receiving EHS funds during FFY2005. Throughout the seven years of the initiative, selection has been made through a granting process that requires a plan for recruitment and selection of family and center-based community programs; descriptions of professional development opportunities for potential community child care partners; developmentally appropriate practices to be used; and consultation and technical assistance provided for movement toward licensing and accreditation. EHS applicants were required to achieve reliable rater status on the evaluation instruments used in their program, participate in an evaluation process, and submit a budget. Participation in quarterly meetings was also required. Grantees were invited to renew their application each initiative year. At this time, initial or current plans could be amended. Available grant funds were then evenly distributed among successful applicants.

*Early Head Start Grantees*

In FYY2005, NHHS distributed EHS I/TQI grant money equally (i.e., $18,975) to seven EHS programs: Blue Valley Community Action, Central Nebraska Community Service, Child and Family Development Program, Inc., Lincoln Action Program, Northwest Nebraska Community Action, Panhandle Community Service, and Salvation Army EHS. These programs entered into a variety of formal contracts with local child care partners to improve program quality and to work toward meeting Head Start Performance Standards.

*Community Child Care Partners*

EHS Grantees reported use of a wide variety of strategies to identify, recruit, and serve child care partners. These included such things as coordinating with other professionals and agencies working with child care partners; using bilingual staff and translated materials for outreach to child care partners with limited English skills; visiting local programs to build linkages, promote the initiative, and promote incentives to join; surveying participating EHS families and local child care facilities; and outreaching to unlicensed programs and those seeking accreditation through assistance with general information and completion of required documents and applications of grants. The most often reported recruiting strategy continues to be word of mouth of current child care partners and the families they serve.

Grantees were asked to categorize their child care partners by the level of interaction and service that was provided. These levels were characterized by three options:

- Option I partners were the most involved with the grant. Pretest and posttest on environmental ratings scales (i.e., ITERS; FDCRS) were conducted, goals were set, program visitations were conducted, support group activities were provided and facilitated, and access to program opportunities, trainings, mailings, and other opportunities were provided. Grantees reported on all Option 1 partners and were encouraged to work toward serving a minimum of ten.

- Option II partners engaged in all levels of involvement found in Option I agreements, but only one set of environmental rating scales (i.e., ITERS; FDCRS) data was collected. Grantees reported this and *Assets Index for Child Care Providers* (AICCP) data.

*"The program is wonderful!."*

*—Child Care Partner*

- Option III partners had access to technical assistance, informational resources, and program opportunities related to training and resource access. Grantees reported *Assets Index for Child Care Providers* (AICCP) data.

This identification of child care partners allowed the grantees to set priorities about available resources and match the kinds and intensity of services provided, while including a wide range of community child care professionals in ancillary training opportunities (e.g., access to EHS resources; provision of information about training opportunities, invitation to attend agency trainings in related areas).

The option approach helped grantees and partners to plan for the individual needs of children, families, and communities and to use resources effectively and efficiently.

*Key Findings*

*Smart Start NE, Inc. conducted an evaluation of the I/TQI for FFY2005. Key findings from this evaluation are included below:*

*Demographics*

- Seven EHS grantees across rural and urban Nebraska submitted data that indicated a total of 1285 families and 961 children, including 25 infants and toddlers, were served by the EHS I/TQI community child care partners.

- Overall, 70 reported child care partners associated with the I/TQI had been in operation an average of 10.16 years, with family child care partners averaging slightly more (i.e., 5.0 years) than center-based partners (i.e., 9.4 years).

- The majority of child care partners worked in licensed programs (89.6%, n=26); 3.4% (n=2) were in license exempt settings, and 3.4% (n=2) were in unlicensed care. As a combined group, about one-third of child care partners held a high school diploma or a GED (32.8%); 9.0% had earned an associate degree; 41.8% had finished some college courses; and 6.0% held college degrees.

Activities

- Over 566 varied and motivating professional development opportunities were provided and/or facilitated by EHS and utilized by their community child care partners. This represented a 122% increase from the previous year.

*"I look forward to working with my Early Head Start partner every time she comes to my program."*

*—Child Care Provider*

Outcomes

- Using anecdotal information, grantees reported observing 137 initiative-related outcomes within their child care partners' program, including such things as professional and educational advancement, program operational improvement, personal growth of child care partner and community and professional partnerships and network building.

- Grantees reported EHS partners faced challenges related to implementation of the I/TQI. These centered on logistics problems (11), personnel-related problems (29), educational constraints (28), and financial and environmental constraints (17).

- Community collaborations extended beyond the immediate EHS-child care partner connection. Establishment of professional support networks, institution of educational contacts, and further engagement with community and state agencies provided resources and services to meet the needs of the child care partners and the families and children they served.

- Grantees reported that 22 of their child care partners were associated with a member of a training coalition or a support group. These connections were affirmed in additional child care partner comments wherein contact with another partner/ program was noted as important.

Measures of Quality

- Quality was measured and assessed in three ways within the I/TQI. Changes in the overall quality of child care program environments during the year were measured using the *Infant Toddler Environment Rating Scale (ITERS)* for center-based programs and the *Family Day Care Rating Scales (FDCRS)* for family child care programs. Several teacher characteristics and other aspects of early childhood programs directly related to overall program quality were summed to measure beginning and ending year changes through use of the *Asset Index for Child Care Providers (AICCP).*

- For the ITERS and FDCRS scores to be meaningful, and representative of changes in the quality of child care partners' early childhood programs, the scales must be completed accurately and reliably. In research, the term reliability means "repeatability" or "consistency". A measure is considered reliable if it provides the same result over and over again. EHS grantees in the I/TQI trained to become reliable raters. Fifteen raters in EHS grantee agencies achieved reliability on the ITERS (n=7) and/or FDCRS (n=8).

- Center-based Option I partner programs reflected a statistically significant increase between their pretest and posttest ITERS scores. This finding indicates that program environment quality improved in meaningful ways over the year. Similarly, there was also a statistically significant change in the environment quality of family child care programs, as measured by the FDCRS pretest and posttest scores.

- Looking at AICCP scores overall, it can be seen that the number of assets increased over the program year. Slightly over two-thirds of child care partners (n=41; 69.5%) increased their number of assets from beginning to end of the year. There was a statistically significant increase between overall pretest and posttest modified total AICCP scores.

- In the I/TQI, 23.4% of the partners initially had more than 7 assets, by the

posttest, 46.2% had more than 7 assets (as measured by the AICCP).

- Fifteen partners had positive changes on the ITERS **and** the AICCP and 18 partners had positive changes on the FDCRS **and** the AICCP. This indicated an impressive, substantial, demonstrable impact on the quality of the programming provided by participating child care partners.

*"Keep up the good work!"*
*—Child Care Provider*

Child Care Partner Feedback

- Results from the Child Care Partners Questionnaire indicated that nearly all child care partners who responded to the survey reported that they had been offered training (94.9%). Only two indicated they had not received training offers. Slightly over two-fifths of the child care partners reported attending 1 to 6 hours of training (41.6%); about two-fifth (41.6%) attended 7 to 12 hours; and the remaining child care partners attended 12 or more hours of training provided or facilitated by the EHS grantees.

- All child care partners either agreed (41.7%, n=15) or strongly agreed (58.3%, n=21) that EHS grantees helped them to increase the quality of the care and education they provide to infants and toddlers. Similarly they all agreed (50%, n=18) or strongly agreed (50%, n=18) that participation in the I/TQI helped them to further their knowledge about infants and toddlers. No child care partners disagreed with this statement.

- Nine out of ten (n=65, 90%) child care partners indicated that participation in the I/TQI benefited their programs through assistance in purchasing or borrowing appropriate materials for use developmentally appropriate activities in the classroom, providing information about setting up enriching environments for children, and increasing consistency of staff. These were also reported last year.

*Recommendations*

- Grantees are encouraged to build strategies to increase the return rate of their Child Care Partner Questionnaires. Increased input will provide a more thorough and valuable partner perspective related to participation in the I/ TQI.

- Grantees are encouraged to continue working on their reporting processes so that data are accurate and complete. Providing complete information about each partner (e.g., providing training information about individual providers, rather than a summary of all agency training activities) will enhance the accuracy and completeness of program evaluation.

- Grantees are encouraged to evaluate the selection of their child care partners in the I/TQI and to work to increase to ten the number of Option I partners. Exploration of additional ways to reach potential partners who are not licensed or who are most in need of remediation related to the provision of quality care for infants and toddlers is recommended. Grantees also are encouraged to work with their child care partners in the pursuit of accreditation.

- Grantees are encouraged to maintain reliability training and updating for the

ITERS and FDCRS instruments used in the initiative. Ongoing training will help to continue the empirical validation of program impact as it relates to changes over time in the quality of program environments of child care partners.

- Grantees are again encouraged to review the findings of the ITERS and FDCRS for their own child care partners and to consider those areas (as measured by subscale scores) that demonstrate the greatest and least improvement.

- NHHS is encouraged to continue and/or consider the following actions related to the evaluation process:

    - Stipulation that the most current versions of the ITERS (i.e., ITERS-R) and FDCRS be used for the initiative; that the reliability training requirement be continued, and that complete scoring sheets continue to be submitted for data analyses included in the evaluation report is advised.

    - A revision of the *Assets Index for Child Care Providers (AICCP)* would provide a clearer delineation of items related to family child care versus center-based partners. It is also recommended that EHS grantees receive a training on the revised instrument in one of the video conferences held during the year.

- NHHS is encouraged to require a brief summary report on EHS grantee use of the new incentive funds. Reporting would provide insight into the effectiveness of this additional funding.

*Recognition*

The I/TQI continues to make a viable impact on the quality of services offered to infant and toddlers in Nebraska. Such impact does not, however, occur in a vacuum. Rather, collaborative efforts among EHS Grantees, child care partners, and NHHS personnel continue to provide the vehicle for the creation, implementation, and assessment of activities that underpinned the progress demonstrated in this initiative. This collaboration is earmarked this year with a sprit of trust and the commitment to a mutual mission among all participants.